

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13607**

FILED APR 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u> Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (In this place) <u>7 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rayville</u> <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>R.R. # 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Harrington</u> c. (Last) <u>Harrington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 11-1881</u>		9. AGE (In years last birthday) <u>72</u> UNDER 1 YEAR Months <u>1</u> Days <u>3</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Milan MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>W.M. Harrington</u>		13b. MOTHER'S MAIDEN NAME <u>Eda Vacker</u>	
14. NAME OF HUSBAND OR WIFE <u>Carrie Lane</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>2034 346000</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen S. Wheatley</u>		18. ADDRESS <u>2034 346000</u>		19. CITY, STATE, AND ZIP <u>Kansas City, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Multiple Pulmonary Emboli</u> DUE TO (c) <u>Injuries Received in Auto Collision (2 Car Collision)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #10</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2 mi. E. of Excelsior Spgs, Ray, MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 7 53-9:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collided with another car</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D.S. Pate M.D. Coroner</u>		23b. ADDRESS <u>North Kansas City, MO</u>		23c. DATE SIGNED <u>4/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richmond MO</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanche Richey</u>		25. ADDRESS <u>Blanche Richey</u>	
DATE REC'D BY LOCAL REG. <u>4-15-53</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		63	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 24 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Claude Brichner*

Licensed Embalmer No. 2751

P. O. Address *Exelcion Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.